

Blood Lead Test Requisition
Michigan Department of Community Health
Bureau of Laboratories - Trace Metals Section

P.O. Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909
Phone: 517-335-9490 Fax: 517-335-9776 Web: HTTP://www.Michigan.gov/mdchlab

Date Received @ MDCH

Initials

MDCH Specimen Number

Print in UPPERCASE using dark pen

Detailed instructions on reverse

SUBMITTER INFORMATION

SUBMITTER CLINIC CODE

AGENCY - COMPANY NAME

NUMBER

STREET

TELEPHONE

CITY

STATE

ZIP

PATIENT INFORMATION

LAST NAME

FIRST NAME

M.I.

NUMBER

STREET

APARTMENT #

CITY

STATE

ZIP

PATIENT PHONE

BIRTH DATE (MM-DD-YYYY)

GENDER

PATIENT SOCIAL SECURITY NUMBER

FEMALE

MALE

PHYSICIAN / EMPLOYER

HEALTH PLAN / OCCUPATION

PHYSICIAN PHONE

RACE

WHITE

BLACK OR
AFRICAN
AMERICAN

MULTIRACIAL

AMERICAN
INDIAN OR
ALASKAN
NATIVE

ASIAN

NATIVE
HAWAIIAN OR
PACIFIC
ISLANDER

UNKNOWN

ETHNICITY (If Appropriate)

HISPANIC

MIDDLE
EASTERNER
OR ARABIC

PARENT - GUARDIAN NAME (LAST/FIRST)

PARENT - GUARDIAN SOCIAL SECURITY NUMBER

SPECIMEN INFORMATION

TUBE / SUBMITTER ID

COLLECTION DATE (MM-DD-YY)

COLLECTION TIME (MILITARY)

SPECIMEN TYPE

CAPILLARY

FILTER PAPER

VENOUS

PAYMENT INFORMATION

PAYMENT ENCLOSED

GRANTS OR OTHER FUNDED PROGRAMS

BILL TO PROVIDER
(Quarterly Bill)

EXEMPT (MUST BE PRE-AUTHORIZED)

HEADSTART
(Quarterly Bill)

MEDICAID #

OPTIONAL - MAIL ADDITIONAL COPY TO

ADDITIONAL CLINIC CODE

AGENCY - COMPANY NAME